



UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark T. McCORMACK, *et al.*)
Ser. No.: 09/886,092)
866)
Filed: May 23, 2001)
For: *Structure and Method of Embedding*)
Components in Multi-Layer Substrates)
Examiner: Eugene LEE)
Art Unit: 2815)
Att'y Dkt.: 02EK-104724)

**CERTIFICATE OF
MAILING/TRANSMISSION
(37 C.F.R. § 1.8A)**

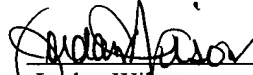
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() transmitted by facsimile to the Patent and
Trademark Office.

2/4/05
Date


Jordan Wilson

AMENDMENT "D"

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is submitted under 37 C.F.R. § 1.114 in connection with the filing of a Request for Continued Examination ("RCE") responsive to the "final" Office Action dated October 5, 2004. Withdrawal of the finality of the Office Action and entry and consideration of these amendments and remarks are respectfully requested pursuant to § 1.114(d).

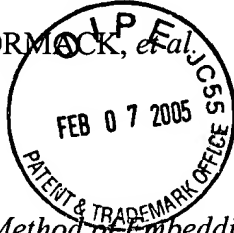
Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

The USPTO is requested to update the "Attorney Docket Number" for this case. The new docket number, listed above, is 02EK-104724.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 09/886,092
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Examiner: Eugene LEE
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2/4/05
Date
Jordan Wilson

AMENDMENT TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment/response in the above-identified application.

FEE CALCULATION FOR CLAIMS AS AMENDED

	As Amended		Previously Paid For		Present Extra	Rate	Additional Fee
Independent Claims	3	-	3	=	0	\$ 86.00	\$0.00
Total Claims	26	-	35	=	0	\$ 18.00	\$0.00
For Multiple Dependent Claims	0		0			\$290.00	\$0.00
() Small Entity Fee (reduced by half).						Total Additional Fee:	\$0.00

(X) No additional claim fee is required.

() A check in the amount of _____ is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 or credit any overpayment, to Deposit Account No. 501395. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 501395. This sheet is filed in duplicate.

February 4, 2005

Sheppard Mullin Richter & Hampton LLP
4 Embarcadero Center, 17th Floor
San Francisco, CA 94111-4106
Tel: (415) 434-9100
Fax: (415) 434-3947

Respectfully submitted,

David Schnapf
Registration No. 31,566